

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/632,573

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	4					
5	4					
6	①					
7	①					
8	4					
9	①					
10	①					
11	①					
12	①					
13	①					
14	①					
15	①					
16	①					
17	①					
18	①					
19	1					
20	⑤					
21	⑤					
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50						
TOTAL IND.	1					
TOTAL DEP.	29					
TOTAL CLAIMS	30					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						